

State Water Resources Control Board

Division of Drinking Water

September 20, 2017
System No.: 2400220

Mr. Sean Kelley, Owner/Manager
Stevinson Ranch Maint Yard/The Grove
P.O. Box 818
Newman, CA 95360

**RE: Citation No. 03-11-17C-027
Total Coliform Maximum Contaminant Level Violation For July 2017**

Dear Mr. Kelley:

Enclosed is a Citation issued to the Stevenson Ranch Maintenance Yard/The Grove Water System (hereinafter "Water System") public water system.

The Water System will be billed at the State Water Resources Control Board's (hereinafter "State Board") hourly rate (currently estimated at \$163 per hour) for the time spent on issuing this citation. California Health and Safety Code, Section 116577, provides that a public water system must reimburse the State Board for actual costs incurred by the State Board for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation. The Water System will receive a bill sent from the State Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Water System for the current fiscal year.

Any person who is aggrieved by a citation, order or decision issued by the Deputy Director of the Division of Drinking Water under Article 8 (commencing with Health and Safety Code, Section 116625) or Article 9 (commencing with Health and Safety Code, Section 116650), of the Safe Drinking Water Act (Chapter 4, Part 12, Division 104, of the Health and Safety Code) may file a petition with the State Water Board for reconsideration of the citation, order or decision. Appendix 1 to the enclosed citation contains the relevant statutory provisions for filing a petition for reconsideration. (Health and Safety Code, Section 116701).

Petitions must be received by the State Board within 30 days of the issuance of the citation, order or decision by the Deputy Director. The date of issuance is the date when the Division of Drinking Water mails a copy of the citation, order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m.

Information regarding filing petitions may be found at:

http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you require any further information or need assistance completing the enclosed form, please contact Lourdes Mertens at (559)447-3139.

Sincerely,



Kassy D. Chauhan, P.E.
Senior Sanitary Engineer, Merced District
Central California Section
SOUTHERN CALIFORNIA BRANCH
DRINKINGWATERFIELDOPERATIONS

Enclosures

Certified Mail No.: 7016 3010 0000 0446 2697

cc: Merced County Environmental Health Department

Tomas Galindo, Westside Water Conditioning, Inc. 45 W. G. Street, Los Banos, CA 93635

Luis Garcia-Bakarich US EPA 9, E-copy only

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

Name of Public Water System: Stevinson Ranch Maintenance Yard/The
Grove

Water System No: 2400220

Attention: Sean Kelley
P.O. Box 818
Newman, CA 95360

Issued: September 20, 2017

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1
July 2017

The California Health and Safety Code (hereinafter "CHSC"), Section 116650 authorizes the State Water Resources Control Board (hereinafter "State Board") to issue a citation to a public water system when the State Board determines that the public water system has violated or is violating the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104, Part 12, Chapter 4, commencing with Section

1 116270), or any regulation, standard, permit, or order issued or adopted
2 thereunder.

3
4 The State Board, acting by and through its Division of Drinking Water
5 (hereinafter "Division") and the Deputy Director for the Division, hereby
6 issues this citation pursuant to Section 116650 of the CHSC to the
7 Stevinson Ranch Maintenance Yard/The Grove Water System (hereinafter
8 "Ranch") for violation of CHSC, Section 116555(a)(1) and, California Code
9 of Regulations (hereinafter "CCR"), Title 22, Section 64426.1.

10
11 A copy of the applicable statutes and regulations are included in Appendix 1,
12 which is attached hereto and incorporated by reference.

13 14 **STATEMENT OF FACTS**

15 The Ranch is classified as a transient-noncommunity water system with an
16 average population of about 40, serving one (1) service connection. The
17 Division received laboratory results for ten (10) bacteriological samples
18 collected during May 2017 from the Ranch. The required one routine sample
19 tested positive for total coliform bacteria. Two of (3) of the repeat samples
20 collected in the distribution system tested positive for total coliform bacteria
21 and *Escherichia coli* (*E.coli*) bacteria. The repeat sample collected at the
22 well was absent for total coliform bacteria. After a shut-down test and
23 disinfection of the distribution system, the Ranch submitted four (4) samples
24 that were absent for total coliform bacteria.

25
26 In accordance with the Federal Revised Total Coliform Rule, a Level 2
27 assessment was conducted by Division of Drinking Water staff on July 13,
28 2017. The Level 2 assessment verified the cause of contamination

1 discovered by the tenant of the Ranch's clubhouse. The Ranch had an
2 irrigation line that is connected to both the potable water system and an
3 irrigation well, separated by an isolation valve. The isolation valve was
4 damaged and during the repair allowed irrigation well water to contaminate
5 the potable water system. A copy of the assessment letter is included in
6 Appendix 6.

7
8 Notification to the public of the violation of Section 64426.1 was conducted
9 in conformance with CCR, Title 22, Sections 64463.4(b)&(c) and 64465. The
10 restaurant occupying the Ranch's clubhouse was closed to the public.

11 12 **DETERMINATION**

13 CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level
14 (MCL) states that a public water system is in violation of the total coliform
15 MCL when any repeat sample is fecal coliform-positive or *E. coli*-positive.

16
17 The Ranch was required to take four (4) repeat bacteriological samples
18 during July 2017 following one total coliform positive routine sample. Two of
19 (3) of the repeat samples collected in the distribution system tested positive
20 for total coliform bacteria and *Escherichia coli* (*E.coli*) bacteria. Therefore,
21 the Division has determined that the Ranch violated CCR, Title 22, Section
22 64426.1 during July 2017.

23 24 **DIRECTIVES**

25 The Ranch is hereby directed to take the following actions:

- 26
27 1. Comply with CCR, Title 22, Section 64426.1, in all future monitoring
28 periods.

2. Complete Appendix 2: Compliance Certification Form. Submit it together with a copy of the public notification to the Division on or before **September 30, 2017**.

All submittals required by this Citation shall be submitted to the Division at the following address:

Kassy D. Chauhan, P.E., Senior Sanitary Engineer
State Water Resources Control Board
Division of Drinking Water, Visalia District
265 W. Bullard Ave, Suite 101
Fresno, CA 93704

Dwpdist11@waterboards.ca.gov

The State Board reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Ranch of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

PARTIES BOUND

This Citation shall apply to and be binding upon the Ranch, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and the Ranch shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the State Board to: issue a citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the State Board to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of the State Board, and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the State Board. The State Board does not waive any further enforcement action by issuance of this Citation.

Kassy D. Chauhan
Kassy D. Chauhan, P.E.
Senior Sanitary Engineer, Merced District
DRINKING WATER FIELD OPERATIONS BRANCH

9-20-17
Date

**Appendices (5):**

1. Applicable Statutes and Regulations

- 1 2. Compliance Certification Form
- 2 3. Public Notice Template
- 3 4. Summary of Bacteriological Monitoring for the month of July 2017
- 4 5. Level 2 Assessment

5

6 Certified Mail No. 7016 3010 0000 0446 2697

7

APPENDIX 1. APPLICABLE STATUTES AND REGULATIONS FOR

Violations of Total Coliform Rule

California Health and Safety Code (CHSC):

Section 116271 states in relevant part:

(a) The State Water Resources Control Board succeeds to and is vested with all of the authority, duties, powers, purposes, functions, responsibilities, and jurisdiction of the State Department of Public Health, its predecessors, and its director for purposes of all of the following:

- (1) The Environmental Laboratory Accreditation Act (Article 3 (commencing with Section 100825) of Chapter 4 of Part 1 of Division 101).
- (2) Article 3 (commencing with Section 106875) of Chapter 4 of Part 1.
- (3) Article 1 (commencing with Section 115825) of Chapter 5 of Part 10.
- (4) This chapter and the Safe Drinking Water State Revolving Fund Law of 1997 (Chapter 4.5 (commencing with Section 116760)).
- (5) Article 2 (commencing with Section 116800), Article 3 (commencing with Section 116825), and Article 4 (commencing with Section 116875) of Chapter 5.
- (6) Chapter 7 (commencing with Section 116975).
- (7) The Safe Drinking Water, Water Quality and Supply, Flood Control, River and Coastal Protection Bond Act of 2006 (Division 43 (commencing with Section 75001) of the Public Resources Code).
- (8) The Water Recycling Law (Chapter 7 (commencing with Section 13500) of Division 7 of the Water Code).
- (9) Chapter 7.3 (commencing with Section 13560) of Division 7 of the Water Code.
- (10) The California Safe Drinking Water Bond Law of 1976 (Chapter 10.5 (commencing with Section 13850) of Division 7 of the Water Code).
- (11) Wholesale Regional Water System Security and Reliability Act (Division 20.5 (commencing with Section 73500) of the Water Code).
- (12) Water Security, Clean Drinking Water, Coastal and Beach Protection Act of 2002 (Division 26.5 (commencing with Section 79500) of the Water Code).

(b) The State Water Resources Control Board shall maintain a drinking water program and carry out the duties, responsibilities, and functions described in this section. Statutory reference to "department," "state department," or "director" regarding a function transferred to the State Water Resources Control Board shall refer to the State Water Resources Control Board. This section does not impair the authority of a local health officer to enforce this chapter or a county's election not to enforce this chapter, as provided in Section 116500...

- (k)
- (1) The State Water Resources Control Board shall appoint a deputy director who reports to the executive director to oversee the issuance and enforcement of public water system permits and other duties as appropriate. The deputy director shall have public health expertise.
 - (2) The deputy director is delegated the State Water Resources Control Board's authority to provide notice, approve notice content, approve emergency notification plans, and take other action pursuant to Article 5 (commencing with Section 116450), to issue, renew, reissue, revise, amend, or deny any public water system permits pursuant to Article 7 (commencing with Section 116525), to suspend or revoke any public water system permit pursuant to Article 8 (commencing with Section 116625), and to issue citations, assess penalties, or issue orders pursuant to Article 9 (commencing with Section 116650). Decisions and actions of the deputy director taken pursuant to Article 5 (commencing with Section 116450) or Article 7 (commencing with Section 116525) are deemed decisions and actions taken, but are not subject to reconsideration, by the State Water Resources Control Board. Decisions and actions of the deputy director taken pursuant to Article 8 (commencing with Section 116625) and Article 9 (commencing with Section 116650) are deemed decisions and actions taken by the State Water Resources Control Board, but any aggrieved person may petition the State Water Resources Control Board for reconsideration of the decision or action. This subdivision is not a limitation on the State Water Resources Control Board's authority to delegate any other powers and duties.

Section 116555 states in relevant part:

(a) Any person who owns a public water system shall ensure that the system does all of the following:

- (1) Complies with primary and secondary drinking water standards.
- (2) Will not be subject to backflow under normal operating conditions.
- (3) Provides a reliable and adequate supply of pure, wholesome, healthful, and potable water.

Section 116650 states in relevant part:

- (a) If the department determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the department may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.
- (b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.
- (c) A citation may specify a date for elimination or correction of the condition constituting the violation.
- (d) A citation may include the assessment of a penalty as specified in subdivision (e).
- (e) The department may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.

California Code of Regulations, Title 22 (CCR):

Section 64421 (General Requirements) states:

- (a) Each water supplier shall:
 - (1) Develop a routine sample siting plan as required in section 64422;
 - (2) Collect routine, repeat and replacement samples as required in Sections 64423, 64424, and 64425;
 - (3) Have all samples analyzed by laboratories approved to perform those analyses by the State Board and report results as required in section 64423.1;
 - (4) Notify the State Board when there is an increase in coliform bacteria in bacteriological samples as required in section 64426; and
 - (5) Comply with the Maximum Contaminant Level as required in section 64426.1.
- (b) Water suppliers shall perform additional bacteriological monitoring as follows:
 - (1) After construction or repair of wells;
 - (2) After main installation or repair;
 - (3) After construction, repair, or maintenance of storage facilities; and
 - (4) After any system pressure loss to less than five psi. Samples collected shall represent the water quality in the affected portions of the system.

Section 64422 (Routine Sample Siting Plan) states:

- (a) By September 1, 1992, each water supplier shall develop and submit to the State Board a siting plan for the routine collection of samples for total coliform analysis, subject to the following:
 - (1) The sample sites chosen shall be representative of water throughout the distribution system including all pressure zones, and areas supplied by each water source and distribution reservoir.
 - (2) The water supplier may rotate sampling among the sample sites if the total number of sites needed to comply with (a)(1) above exceeds the number of samples required according to Table 64423-A. The rotation plan shall be described in the sample siting plan.
- (b) If personnel other than certified operators will be performing field tests and/or collecting samples, the sample siting plan shall include a declaration that such personnel have been trained, pursuant to §64415 (b).
- (c) The supplier shall submit an updated plan to the State Board at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

Section 64423 (Routine Sampling) states:

- (a) Each water supplier shall collect routine bacteriological water samples as follows:
 - (1) The minimum number of samples for community water systems shall be based on the known population served or the total number of service connections, whichever results in the greater number of samples, as shown in Table 64423-A. A community water system using groundwater which serves 25-1000 persons may request from the State Board a reduction in monitoring frequency. The minimum reduced frequency shall not be less than one sample per quarter.
 - (2) The minimum number of samples for nontransient-noncommunity water systems shall be based on the known population served as shown in Table 64423-A during those months when the system is operating. A nontransient-noncommunity water system using groundwater which serves 25-1000 persons may request from the State Board a reduction in monitoring frequency if it has not violated the requirements in this article during the past twelve months. The minimum reduced frequency shall not be less than one sample per quarter.

(3) The minimum number of samples for transient-noncommunity water systems using groundwater and serving 1000 or fewer persons a month shall be one in each calendar quarter during which the system provides water to the public.

(4) The minimum number of samples for transient-noncommunity water systems using groundwater and serving more than 1000 persons during any month shall be based on the known population served as shown in Table 64423-A, except that the water supplier may request from the State Board a reduction in monitoring for any month the system serves 1000 persons or fewer. The minimum reduced frequency shall not be less than one sample in each calendar quarter during which the system provides water to the public.

(5) The minimum number of samples for transient-noncommunity water systems using approved surface water shall be based on the population served as shown in Table 64423-A. A system using groundwater under the direct influence of surface water shall begin monitoring at this frequency by the end of the sixth month after the State Board has designated the source to be approved surface water.

(6) A public water system shall collect samples at regular time intervals throughout the month, except that a system using groundwater which serves 4,900 persons or fewer may collect all required samples on a single day if they are taken from different sites.

(b) In addition to the minimum sampling requirements, all water suppliers using approved surface water which do not practice treatment in compliance with Sections 64650 through 64666, shall collect a minimum of one sample before or at the first service connection each day during which the turbidity level of the water delivered to the system exceeds 1 NTU. The sample shall be collected within 24 hours of the exceedance and shall be analyzed for total coliforms. If the water supplier is unable to collect and/or analyze the sample within the 24-hour time period because of extenuating circumstances beyond its control, the supplier shall notify the State Board within the 24-hour time period and may request an extension. Sample results shall be included in determining compliance with the MCL for total coliforms in Section 64426.1.

(c) If any routine, repeat, or replacement sample is total coliform-positive, then the water supplier shall collect repeat samples in accordance with Section 64424 and comply with the reporting requirements specified in Sections 64426 and 64426.1.

Table 64423-A
Minimum Number of Routine Total Coliform Samples

Monthly Population Served	Service Connections	Minimum Number of Samples
25 to 1000	15 to 400	1 per month
1,001 to 2,500	401 to 890	2 per month
2,501 to 3,300	891 to 1,180	3 per month
3,301 to 4,100	1,181 to 1,460	4 per month
4,101 to 4,900	1,461 to 1,750	5 per month
4,901 to 5,800	1,751 to 2,100	6 per month
5,801 to 6,700	2,101 to 2,400	7 per month
6,701 to 7,600	2,401 to 2,700	2 per week
7,601 to 12,900	2,701 to 4,600	3 per week
12,901 to 17,200	4,601 to 6,100	4 per week
17,201 to 21,500	6,101 to 7,700	5 per week
21,501 to 25,000	7,701 to 8,900	6 per week
25,001 to 33,000	8,901 to 11,800	8 per week
33,001 to 41,000	11,801 to 14,600	10 per week
41,001 to 50,000	14,601 to 17,900	12 per week
50,001 to 59,000	17,901 to 21,100	15 per week
59,001 to 70,000	21,101 to 25,000	18 per week
70,001 to 83,000	25,001 to 29,600	20 per week
83,001 to 96,000	29,601 to 34,300	23 per week
96,001 to 130,000	34,301 to 46,400	25 per week
130,001 to 220,000	46,401 to 78,600	30 per week
220,001 to 320,000	78,601 to 114,300	38 per week
320,001 to 450,000	114,301 to 160,700	50 per week
450,001 to 600,000	160,701 to 214,300	55 per week
600,001 to 780,000	214,301 to 278,600	60 per week
780,001 to 970,000	278,601 to 346,400	70 per week
970,001 to 1,230,000	346,401 to 439,300	75 per week
1,230,001 to 1,520,000	439,301 to 542,900	85 per week
1,520,001 to 1,850,000	542,901 to 660,700	90 per week
1,850,001 to 2,270,000	660,701 to 810,700	98 per week
2,270,001 to 3,020,000	810,701 to 1,078,600	105 per week

3,020,001 to 3,960,000	1,078,601 to 1,414,300	110 per week
3,960,001 or more	1,414,301 or more	120 per week

Section 64423.1 (Sample Analysis and Reporting of Results) states:

(a) The water supplier shall designate (label) each sample as routine, repeat, replacement, or "other" pursuant to Section 64421(b), and have each sample analyzed for total coliforms. The supplier also shall require the laboratory to analyze the same sample for fecal coliforms or *Escherichia coli* (*E. coli*) whenever the presence of total coliforms is indicated. As a minimum, the analytical results shall be reported in terms of the presence or absence of total or fecal coliforms, or *E. coli* in the sample, whichever is appropriate.

(b) The water supplier shall require the laboratory to notify the supplier within 24 hours, whenever the presence of total coliforms, fecal coliforms or *E. coli* is demonstrated in a sample or a sample is invalidated due to interference problems, pursuant to Section 64425(b), and shall ensure that a contact person is available to receive these analytical results 24-hours a day. The water supplier shall also require the laboratory to immediately notify the State Board of any positive bacteriological results if the laboratory cannot make direct contact with the designated contact person within 24 hours.

(c) Analytical results of all required samples collected for a system in a calendar month shall be reported to the State Board not later than the tenth day of the following month, as follows:

(1) The water supplier shall submit a monthly summary of the bacteriological monitoring results to the State Board.

(2) For systems serving fewer than 10,000 service connections or 33,000 persons, the water supplier shall require the laboratory to submit copies of all required bacteriological monitoring results directly to the State Board.

(3) For systems serving more than 10,000 service connections, or 33,000 persons, the water supplier shall require the laboratory to submit copies of bacteriological monitoring results for all positive routine samples and all repeat samples directly to the State Board.

(d) Laboratory reports shall be retained by the water supplier for a period of at least five years and shall be made available to the State Board upon request.

Section 64424 (Repeat Sampling) states in relevant part:

(a) If a routine sample is total coliform-positive, the water supplier shall collect a repeat sample set as described in paragraph (1) within 24 hours of being notified of the positive result. The repeat samples shall all be collected within the same 24 hour time period. A single service connection system may request that the State Board allow the collection of the repeat sample set over a four-day period.

(1) For a water supplier that normally collects more than one routine sample a month, a repeat sample set shall be at least three samples for each total coliform-positive sample. For a water supplier that normally collects one or fewer samples per month, a repeat sample set shall be at least four samples for each total coliform-positive sample.

(2) If the water supplier is unable to collect the samples within the 24-hour time period specified in subsection (a) or deliver the samples to the laboratory within 24 hours after collection because of circumstances beyond its control, the water supplier shall notify the State Board within 24 hours. The State Board will then determine how much time the supplier will have to collect the repeat samples.

(b) When collecting the repeat sample set, the water supplier shall collect at least one repeat sample from the sampling tap where the original total coliform-positive sample was taken. Other repeat samples shall be collected within five service connections upstream or downstream of the original site. At least one sample shall be from upstream and one from downstream unless there is no upstream and/or downstream service connection.

(c) If one or more samples in the repeat sample set is total coliform-positive, the water supplier shall collect and have analyzed an additional set of repeat samples as specified in subsections (a) and (b). The supplier shall repeat this process until either no coliforms are detected in one complete repeat sample set or the supplier determines that the MCL for total coliforms specified in Section 64426.1 has been exceeded and notifies the State Board.

(d) If a public water system for which fewer than five routine samples/month are collected has one or more total coliform-positive samples, the water supplier shall collect at least five routine samples the following month. If the supplier stops supplying water during the month after the total coliform-positive(s), at least five samples shall be collected during the first month the system resumes operation. A water supplier may request the State Board waive the requirement to collect at least five routine samples the following month, but a waiver will not be granted solely on the basis that all repeat samples are total coliform-negative. To request a waiver, one of the following conditions shall be met:

(1) The State Board conducts a site visit before the end of the next month the system provides water to the public to determine whether additional monitoring and/or corrective action is necessary to protect public health.

(2) The State Board determines why the sample was total coliform-positive and establishes that the system has corrected the problem or will correct the problem before the end of the next month the system serves water to the public. If a waiver is granted, a system shall collect at least one routine

sample before the end of the next month it serves water to the public and use it to determine compliance with Section 64426.1.

Section 64425 (Sample Invalidation) states:

(a) A water supplier may request the Department to invalidate a sample for which a total coliform-positive result has been reported if the supplier demonstrates:

(1) All repeat sample(s) collected at the same tap as the original total coliform-positive sample also are total coliform-positive and all repeat samples collected within five service connections of the original tap are not total coliform-positive; or

(2) The laboratory did not follow the prescribed analytical methods pursuant to §64415(a), based on a review of laboratory documentation by the Department. The supplier shall submit to the Department a written request for invalidation along with the laboratory documentation, the supplier's sample collection records and any observations noted during sample collection and delivery. The water supplier shall require the laboratory to provide the supplier with documentation which shall include, but not be limited to:

(A) A letter from the director of the laboratory having generated the data, confirming the invalidation request by reason of laboratory accident or error;

(B) Complete sample identification, laboratory sample log number (if used), date and time of collection, date and time of receipt by the laboratory, date and time of analysis for the sample(s) in question;

(C) Complete description of the accident or error alleged to have invalidated the result(s);

(D) Copies of all analytical, operating, and quality assurance records pertaining to the incident in question; and

(E) Any observations noted by laboratory personnel when receiving and analyzing the sample(s) in question.

(b) Whenever any total coliform sample result indicative of the absence of total coliforms has been declared invalid by the laboratory due to interference problems as specified at 40 Code Federal Regulations, Section 141.2100(c)(2), the supplier shall collect a replacement sample from the same location as the original sample within 24 hours of being notified of the interference problem, and have it analyzed for the presence of total coliforms. The supplier shall continue to re-sample at the original site within 24 hours and have the samples analyzed until a valid result is obtained.

Section 64426 (Significant Rise in Bacterial Count) states in relevant part:

(a) Any of the following criteria shall indicate a possible significant rise in bacterial count:

(1) A system collecting at least 40 samples per month has a total coliform-positive routine sample followed by two total coliform-positive repeat samples in the repeat sample set;

(2) A system has a sample which is positive for fecal coliform or *E. coli*; or

(3) A system fails the total coliform Maximum Contaminant Level (MCL) as defined in Section 64426.1.

(b) When the coliform levels specified in subsection (a) are reached or exceeded, the water supplier shall:

(1) Contact the State Board by the end of the day on which the system is notified of the test result or the system determines that it has exceeded the MCL, unless the notification or determination occurs after the State Board office is closed, in which case the supplier shall notify the State Board within 24 hours; and

(2) Submit to the State Board information on the current status of physical works and operating procedures which may have caused the elevated bacteriological findings, or any information on community illness suspected of being waterborne. This shall include, but not be limited to:

(A) Current operating procedures that are or could potentially be related to the increase in bacterial count;

(B) Any interruptions in the treatment process;

(C) System pressure loss to less than 5 psi;

(D) Vandalism and/or unauthorized access to facilities;

(E) Physical evidence indicating bacteriological contamination of facilities;

(F) Analytical results of any additional samples collected, including source samples;

(G) Community illness suspected of being waterborne; and

(H) Records of the investigation and any action taken.

Section 64426.1 (Total Coliform Maximum Contaminant Level (MCL)) states in relevant part:

(b) A public water system is in violation of the total coliform MCL when any of the following occurs:

(1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or

(2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or

(3) Any repeat sample is fecal coliform-positive or *E. coli*-positive; or

- (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.
- (c) If a public water system is not in compliance with paragraphs (b)(1) through (4), during any month in which it supplies water to the public, the water supplier shall notify the State Board by the end of the business day on which this is determined, unless the determination occurs after the State Board office is closed, in which case the supplier shall notify the State Board within 24 hours of the determination. The water supplier shall also notify the consumers served by the water system. A Tier 2 Public Notice shall be given for violations of paragraph (b)(1) or (2), pursuant to section 64463.4. A Tier 1 Public Notice shall be given for violations of paragraph (b)(3) or (4), pursuant to section 64463.1.

Section 64463.1 (Tier 1 Public Notice) states in relevant part:

- (a) A water system shall give public notice pursuant to this section and section 64465 if any of the following occurs:
- (1) Violation of the total coliform MCL when:
 - (A) Fecal coliform or E. coli are present in the distribution system; or
 - (B) When any repeat sample tests positive for coliform and the water system fails to test for fecal coliforms or E. coli in the repeat sample;...
 - (b) As soon as possible within 24 hours after learning of any of the violations in subsection (a) or being notified by the State Board that it has determined there is a potential for adverse effects on human health [pursuant to paragraph (a)(4), (5), or (6)], the water system shall:
 - (1) Give public notice pursuant to this section;
 - (2) Initiate consultation with the State Board within the same timeframe; and
 - (3) Comply with any additional public notice requirements that are determined by the consultation to be necessary to protect public health.
 - (c) A water system shall deliver the public notice in a manner designed to reach residential, transient, and nontransient users of the water system and shall use, as a minimum, one of the following forms:
 - (1) Radio or television;
 - (2) Posting in conspicuous locations throughout the area served by the water system;
 - (3) Hand delivery to persons served by the water system; or
 - (4) Other method approved by the State Board, based on the method's ability to inform water system users.

Section 64463.4 (Tier 2 Public Notice) states:

- (a) A water system shall give public notice pursuant to this section if any of the following occurs:
- (1) Any violation of the MCL, MRDL, and treatment technique requirements, except:
 - (A) Where a Tier 1 public notice is required under section 64463.1; or
 - (B) Where the State Board determines that a Tier 1 public notice is required, based on potential health impacts and persistence of the violations;
 - (2) All violations of the monitoring and testing procedure requirements in sections 64421 through 64426.1, article 3 (Primary Standards – Bacteriological Quality), for which the State Board determines that a Tier 2 rather than a Tier 3 public notice is required, based on potential health impacts and persistence of the violations;
 - (3) Other violations of the monitoring and testing procedure requirements in this chapter, and chapters 15.5, 17 and 17.5, for which the State Board determines that a Tier 2 rather than a Tier 3 public notice is required, based on potential health impacts and persistence of the violations; or
 - (4) Failure to comply with the terms and conditions of any variance or exemption in place.
- (b) A water system shall give the notice as soon as possible within 30 days after it learns of a violation or occurrence specified in subsection (a), except that the water system may request an extension of up to 60 days for providing the notice. This extension would be subject to the State Board's written approval based on the violation or occurrence having been resolved and the State Board's determination that public health and welfare would in no way be adversely affected. In addition, the water system shall:
- (1) Maintain posted notices in place for as long as the violation or occurrence continues, but in no case less than seven days;
 - (2) Repeat the notice every three months as long as the violation or occurrence continues. Subject to the State Board's written approval based on its determination that public health would in no way be adversely affected, the water system may be allowed to notice less frequently but in no case less than once per year. No allowance for reduced frequency of notice shall be given in the case of a total coliform MCL violation or violation of a Chapter 17 treatment technique requirement; and
 - (3) For turbidity violations pursuant to sections 64652.5(c)(2) and 64653(c), (d) and (f), as applicable, a water system shall consult with the State Board as soon as possible within 24 hours after the water system learns of the violation to determine whether a Tier 1 public notice is required. If consultation does not take place within 24 hours, the water system shall give Tier 1 public notice within 48 hours after learning of the violation.

(c) A water system shall deliver the notice, in a manner designed to reach persons served, within the required time period as follows:

(1) Unless otherwise directed by the State Board in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, community water systems shall give public notice by;

(A) Mail or direct delivery to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system; and

(B) Use of one or more of the following methods to reach persons not likely to be reached by a mailing or direct delivery (renters, university students, nursing home patients, prison inmates, etc.):

1. Publication in a local newspaper;
2. Posting in conspicuous public places served by the water system, or on the Internet; or
3. Delivery to community organizations.

(2) Unless otherwise directed by the State Board in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, noncommunity water systems shall give the public notice by:

(A) Posting in conspicuous locations throughout the area served by the water system; and

(B) Using one or more of the following methods to reach persons not likely to be reached by a public posting:

1. Publication in a local newspaper or newsletter distributed to customers;
2. E-mail message to employees or students;
3. Posting on the Internet or intranet; or
4. Direct delivery to each customer.

Section 64465 (Public Notice Content and Format) states in relevant part:

(a) Each public notice given pursuant to this article, except Tier 3 public notices for variances and exemptions pursuant to subsection (b), shall contain the following:

- (1) A description of the violation or occurrence, including the contaminant(s) of concern, and (as applicable) the contaminant level(s);
- (2) The date(s) of the violation or occurrence;
- (3) Any potential adverse health effects from the violation or occurrence, including the appropriate standard health effects language from appendices 64465-A through G;
- (4) The population at risk, including subpopulations particularly vulnerable if exposed to the contaminant in drinking water;
- (5) Whether alternative water supplies should be used;
- (6) What actions consumers should take, including when they should seek medical help, if known;
- (7) What the water system is doing to correct the violation or occurrence;
- (8) When the water system expects to return to compliance or resolve the occurrence;
- (9) The name, business address, and phone number of the water system owner, operator, or designee of the water system as a source of additional information concerning the public notice;
- (10) A statement to encourage the public notice recipient to distribute the public notice to other persons served, using the following standard language: —Please share this information with all the other people who drink this water, especially those who may not have received this public notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail; and
- (11) For a water system with a monitoring and testing procedure violation, this language shall be included: "We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During [compliance period dates], we ['did not monitor or test' or 'did not complete all monitoring or testing'] for [contaminant(s)], and therefore, cannot be sure of the quality of your drinking water during that time." ...

(c) A public water system providing notice pursuant to this article shall comply with the following multilingual-related requirements:

(2) For a Tier 2 or Tier 3 public notice:

(A) The notice shall contain information in Spanish regarding the importance of the notice, or contain a telephone number or address where Spanish-speaking residents may contact the public water system to obtain a translated copy of the notice or assistance in Spanish; and

(B) When a non-English speaking group other than Spanish-speaking exceeds 1,000 residents or 10 percent of the residents served by the public water system, the notice shall include:

1. Information in the appropriate language(s) regarding the importance of the notice; or
2. A telephone number or address where such residents may contact the public water system to obtain a translated copy of the notice or assistance in the appropriate language; and

(3) For a public water system subject to the Dymally-Alatorre Bilingual Services Act, Chapter 17.5, Division 7, of the Government Code (commencing with section 7290), meeting the requirements of this Article may not ensure compliance with the Dymally-Alatorre Bilingual Services Act.

(d) Each public notice given pursuant to this article shall:

- (1) Be displayed such that it catches people's attention when printed or posted and be formatted in such a way that the message in the public notice can be understood at the eighth-grade level;
- (2) Not contain technical language beyond an eighth-grade level or print smaller than 12 point; and
- (3) Not contain language that minimizes or contradicts the information being given in the public notice.

Appendix 64465-A. Health Effects Language - Microbiological Contaminants.

Contaminant	Health Effects Language
Total Coliform	Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.
Fecal coliform/E. coli	Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.
Turbidity	Turbidity has no health effects. However, high levels of turbidity can interfere with disinfection and provide a medium for microbial growth. Turbidity may indicate the presence of disease-causing organisms. These organisms include bacteria, viruses, and parasites that can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

Section 64469 (Reporting Requirements) states in relevant part:

- (d) Within 10 days of giving initial or repeat public notice pursuant to Article 18 of this Chapter, except for notice given under section 64463.7(d), each water system shall submit a certification to the State Board that it has done so, along with a representative copy of each type of public notice given.

Section 64481 (Content of the Consumer Confidence Report) states in relevant part:

- (g) For the year covered by the report, the Consumer Confidence Report shall note any violations of paragraphs (1) through (7) and give related information, including any potential adverse health effects, and the steps the system has taken to correct the violation.

- (1) Monitoring and reporting of compliance data.

²
APPENDIX ~~A~~ COMPLIANCE CERTIFICATION

Citation Number: 03-11-17C-027

Name of Water System: Stevinson Ranch Maint Yard/The Grove

System Number: 2400220

Certification

I certify that the users of the water supplied by this water system were notified of the bacteriological violation of California Code of Regulations, Title 22, Section 64426.1 for the compliance period of July 2017 and the required actions listed below were completed.

Required Action	Date Completed
<i>(Citation Directive 2) Provide Tier 1 Public Notice by September 30, 2017</i>	

Signature of Water System Representative

Date

Attach a copy of the Tier 1 Public Notice required above,

THIS FORM MUST BE COMPLETED AND RETURNED TO THE STATE BOARD, DIVISION OF DRINKING WATER, NO LATER THAN SEPTEMBER 30, 2017
--

Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than \$25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.

Instructions for Tier 1 Fecal Coliform or *E. coli* Notice Template**Template Attached**

Since exceeding the fecal coliform or *E. coli* maximum contaminant level is a Tier 1 violation, you must provide public notice to persons served as soon as practical but within 24 hours after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.1(b)]. **During this time period, you must also contact the Division. Each water system required to give public notice must submit the notice to the Division for approval prior to distribution or posting, unless otherwise directed by the Division [64463(b)].** You should also coordinate with your local health department.

Notification Methods

You must use one or more of the following methods to deliver the notice to consumers [64463.1(c)]:

- Radio or television
- Posting in conspicuous locations throughout the area served by the water system
- Hand delivery to persons served by the water system

You may need to use additional methods (e.g., newspaper, delivery of multiple copies to hospitals, clinics, or apartment buildings), since notice must be provided in a manner reasonably calculated to reach all persons served. If you post or hand deliver, print your notice on letterhead, if you have it.

The notice attached is appropriate for hand delivery or a newspaper notice. However, you may wish to modify it before using it for radio, TV, or posting. If you do, you must still include all required elements and leave the health effects and notification language in italics unchanged. This language is mandatory [64465].

Multilingual Requirement

Spanish. Each public notice must contain information in Spanish regarding (1) the importance of the notice or (2) contain a telephone number or address where Spanish-speaking residents may contact the water system to obtain a translated copy of the public notice or assistance in Spanish.

Non-English Speaking Groups Other than Spanish-Speaking. For each group that exceeds 1,000 residents or 10% of the residents in the community served, whichever is less, the public notice must (1) contain information in the appropriate language(s) regarding the importance of the notice or (2) contain a telephone number or address where such residents may contact the water system to obtain a translated copy of the notice or assistance in the appropriate language.

Population Served

Make sure it is clear who is served by your water system -- you may need to list the areas you serve.

Alternative Sources of Water

If you are providing alternative sources of water, your notice should say where to obtain it. If you choose to provide bottled water, remember that bottled water can also be contaminated or high in coliform bacteria if the bottler uses water from your system. Make sure the bottled water meets standards by contacting the bottler and asking for the most recent test results.

Corrective Action

In your notice, describe corrective actions you are taking. Listed below are some steps commonly taken by water systems with fecal coliform or *E. coli* violations. Use one or more of the following actions, if appropriate, or develop your own:

- "We are chlorinating and flushing the water system."
- "We are switching to an alternate drinking water source."
- "We are increasing sampling for coliform bacteria to determine the source of the contamination."
- "We are repairing the wellhead seal."
- "We are repairing the storage tank."
- "We are restricting water intake from the river/lake/reservoir to prevent additional bacteria from entering the water system and restricting water use to emergencies."

After Issuing the Notice

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the Division within ten days after you issue the notice [64469(d)]. You should also issue a follow-up notice in addition to meeting any repeat notice requirements the Division sets.

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately. In addition, health professionals, including dentists, use tap water during their procedures and need to know of contamination so they can use bottled water.

It is a good idea to issue a "problem corrected" notice when the violation is resolved.

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

The Stevinson Maint Yard/The Grove is contaminated with E. coli
DO NOT DRINK THE WATER Drink only bottled water.
NO TOME LA AGUA

**Deben utilizar agua de la llave hervida o agua de botella para beber
y cocinar, como medida de precaución.**

E. coli bacteria were found in the water supply on July 10, 2017. These bacteria can make you sick, and are a particular concern for people with weakened immune systems.

What should I do?

- **DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST.** Bring all water to a boil, let it boil for one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water.
- *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems. The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice.*
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking water Hotline at 1(800) 426-4791.

What happened? What is being done?

Bacterial contamination occurred during a repair of an irrigation line that was also supplied by an agricultural well that is not connected to the potable water system. The water system was shut down immediately, the restaurant was closed down and disinfection of the entire water system was completed. A shut-down test was performed and confirmed that the ag well is physically disconnected from the potable water system.

For more information, please contact Tom Galindo at 209-704-5007.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being sent to you by The Stevinson Ranch Maint/The Grove.

State Water System ID#: 2400220. Date distributed: .

Bacteriological Distribution Monitoring Report

2400220 STEVINSON MAINT/ THE GROVE
Distribution System Freq: 1/Q

<i>Sample Date</i>	<i>Location</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Type</i>	<i>Cl2</i>	<i>Violation</i>	<i>Comment</i>
7/7/2017	Site 1B	>23	<1.1			Routine			
7/10/2017	Pressure tank	>23	1.1			Repeat			
7/10/2017	Site 1C	<1.1	<1.1			Repeat			
7/10/2017	Site 1D	>23	<1.1			Repeat			
7/10/2017	Site E source well	<1.1	<1.1			Source R			
7/10/2017	Site1B	>23	3.6			Routine		MCL	
7/13/2017	4 samples (well, press tank, golf art, club house, maint shop	<1	<1			Routine			
8/18/2017	5 samples: Press Tank, Site D, Site C, Well 1, Site 1B	<1.1	<1.1			Routine			

Violation Key

MCL	Exceeds the maximum contaminant level	MR4	Did not collect 5 routine samples for previous month's positive sample
MR1	No monthly sample for the report month	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR2	No quarterly sample for the report month	MR6	No source sample
MR3	Incorrect number of routine samples for the report month	MR7	No summary report submitted
		MR8	Other comments and/or info.

State Water Resources Control Board
Division of Drinking Water

Appendix 5

July 19, 2017
System No.: 2400220

Mr. Sean Kelley, Owner
James J. Stevinson Corporation
P.O. Box 818
Newman, CA 95360

RE: July 2017 Level 2 rTCR Assessment of the Stevinson Ranch Maintenance Shop/The Grove Water System

Dear Mr. Kelley:

On July 13, 2017, Lourdes Mertens of my staff conducted an investigation of the Stevinson Ranch Maintenance Shop/The Grove Water System (Ranch) as part of a Level 2 Revised Total Coliform Rule (rTCR) assessment of the water system. The Level 2 Assessment is required due to having three repeat samples that were positive for *E. coli* following a total coliform positive routine distribution system sample. During the inspection, a shut-down test of the entire water system was performed in cooperation with Tony Xavier (Leasee) of Xavier Grove Clubhouse and Tomas Galindo of Westside Water Conditioning, Certified Operator.

In response to the reported *E. coli* contaminated water samples, the leasee began the initial investigation on July 12, 2017, and found an irrigation line located northeast of the Clubhouse that was connected to an unpermitted Irrigation Well. It was discovered that the irrigation line contained a single valve that was separating the irrigation water from the potable water system. At the time of assessment, the irrigation line was excavated and the physical disconnect was observed (photo attached).

The shut-down test revealed that the Ranch potable water system serves the clubhouse, golf cart area and the maintenance shop. With the physical disconnect at the irrigation line, the pavilion area which is known to be connected to the irrigation well was not affected during the shut-down test. The pavilion area has an island sink with a faucet, a hose bib next to the island sink and another hose bib close to the fireplace. The Ranch on-site foreman, Greg Braun, also confirmed that the pavilion was served by the irrigation well.

Approximately three weeks ago, the Ranch rented the pavilion to a wedding catering event and allowed parking in the grassy area (north east of the clubhouse). It is believed that the weight of one of the trucks in the grassy area pushed down on the isolation valve and caused the damage to the irrigation line. During the repair, the valve was inadvertently opened allowing the irrigation

FELICIA MARCUS, CHAIR | THOMAS HOWARD, EXECUTIVE DIRECTOR

July 2017

Page 2 of 2

water to contaminate the potable water system. As indicated above, the irrigation line has been physically disconnected from the potable water system.

The purpose of this letter is to inform you of the following items requiring action which were noted during the assessment:

1. By August 18, 2017, the Ranch is required to submit a plan and schedule for conducting a full cross-connection survey of the entire property including all active irrigation systems and the abandoned water system (The Cottages) to identify locations where a cross-connection hazard may exist and ensure proper backflow prevention is installed.
2. Although the pavilion area is not connected to the Ranch potable water system, the Ranch continues to rent the pavilion for catering events. By August 18, 2017, the Ranch is required to provide the Division a plan and schedule to remove all sources of contaminated water at the pavilion area.
3. By August 18, 2017, the Ranch is required to submit an updated bacteriological Sample Siting Plan to remove the pavilion as one of the repeat sample sites in the distribution system.
4. By August 18, 2017, the Ranch is required to submit a revised map of the distribution system.

The Ranch must submit required modifications to the Division within 30 days of this letter. In addition, a copy of the Level 2 Assessment is enclosed.

If you have any questions regarding this matter, please contact Lourdes Mertens at (559) 447-3139.

Sincerely,

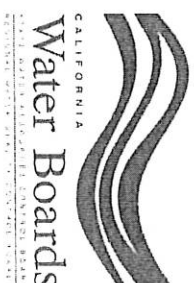


Kassy D. Chauhan, P.E.
Senior Sanitary Engineer
Merced District
Central California Section
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS

Enclosures

cc: Merced County Environmental Health Department
Tony Xavier, Xavier Grove (email copy - XavierLivestock@hotmail.com)
Tomas Galindo, Operator, Westside Water Conditioning, 45 W. G St. Los Banos, CA
93635

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT



This form is intended to assist Division of Drinking Water (DDW) or Local Primacy Agency (LPA) Staff in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. If the answer has a large box around it, it is an issue and needs to be described by LPA or DDW in the next column. Please include the question number in the description. The PWS must address each issue described in the Corrective Action column. **To avoid a violation, the water system must submit to DDW/LPA a completed assessment report no later than 30 days after the trigger date.**

PWS ID#:2400220		PWS Name: Stevinson Ranch Maint/The Grove		Type: TNC	
Operator in Responsible Charge (print name): Tomas Galindo		Phone:209-704-5007			
Assessment trigger date: 07/13/2017		Date Assessment Completed: 07/13/2017			
SEASONAL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Reason for Assessment: E.coli contamination			
Person who collected TC positive samples: Tomas Galindo		Contact info for person who collected samples: 209-704-5007			
Name of Certified Lab conducting sample analysis: BSK labs					
Assessment Elements	Y	N	N/A	Issue Description	Corrective Action Taken or Planned to be Taken and Date
1. Review of the sample sites	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
1.1 Was the sample taken at the routine coliform site? List the name(s) of the positive sample site(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2 Was the tap area unsanitary at the time of sampling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.3 Was this sample taken from an outside faucet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Was the sample taken from a swivel tap?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.5 Did the tap have a point of use treatment device on it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.6 Does the building where the sample was taken have a point of entry device?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.7 Has this location undergone any plumbing replacements or repairs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.8 Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.9 Is this location near a storage tank or dead end?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.10 Have there been any analytical results or any additional samples collected, including source samples, which were positive (not for compliance)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.11 Prior to this incident, when was the most recent satisfactory coliform samples taken?	Date:				
1.12 Any other sample site issues not previously mentioned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

2.	Review of sample protocol	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
2.1	Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tomas Galindo	
2.2	Is the sampler a regular, trained sampler?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2.3	Was a laboratory-provided TC sample bottle used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4	Was the aerator removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.5	Was the water tap flushed for at least 5 minutes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.6	Was the tap disinfected or flamed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.7	Did the sample get too warm prior to being placed on ice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2.8	Were there other sampler errors? Describe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2.9	If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.10	Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.	Review of the distribution system.	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
3.1	Have any mains or service lines recently been repaired, replaced or installed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2	Have fire hydrants or blow offs been recently flushed/used/sheared?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.3	Have valves been recently exercised to direct flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.4	Any leaks or main breaks noted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.5	Are all of the backflow prevention devices operational and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.6	Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.7	Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.8	Any recent pump station failures or repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.9	Air relief valve leaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.10	Standing water or debris in (air relief) valve vault?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.11	Any recent power loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.12	Any unprotected cross connections (including yard hydrants and stock tanks)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13	Has high turbidity been detected in the distribution system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.14	Is there evidence of intentional contamination or vandalism?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.15	Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

4.	Review of storage tank(s) (Note the specific facility if any issues are found)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
4.1	Is there a presence of animals or insects in the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Section 4 not applicable. No storage tank	
4.2	Are there breaches or holes of any sort into tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3	Is there any presence of animal droppings around openings, vents or overflows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4	Is there sediment buildup and floating debris in tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5	Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6	Are the vents and overflows protected against entry from animals, insects or other contaminants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7	Are the screens damaged or not properly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.8	Does the reservoir have a common inlet/outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.9	Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10	Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.11	Was the hatch locked or secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.12	Has the tank been accidentally drained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.13	Have there been high flows through the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.14	Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.15	Was the sample taken when the tank was at the low level mark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.16	Failure or improper operation on tank telemetry/altitude valves/controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.17	Any recent repairs on the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.18	Was there any power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.19	Is the site secured (e.g. fencing, locked gates, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.20	Was the tank vandalized or subject to tampering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.21	Any other storage tank issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.22	Pressure Tanks (if applicable) What is the volume of the pressure tank? Attach additional sheets if needed.	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
4.23	What is the age of the pressure tank? Attach additional sheets if needed.	50 psi				
4.24	Does the pressure tank use a bladder and/or air compressor? Attach additional sheets if needed.	Air				
4.25	Did the pressure tank(s) deviate from normal operating pressure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.26	Is the compressor pump running more than normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

4.27	Is the tank bladder water logged?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.28	Is the tank damaged, rusty, leaking or have holes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.29	Was there any recent work performed on the tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.30	Is the air relief vent (if there one) screened and facing down?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.31	Can the inside of the pressure tank be visually inspected through an inspection port? If so, when was it last inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.	Review of treatment process (if applicable)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
5.1	Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Section 5 does not apply, no treatment	
5.2	Have there been any new treatment processes added or new equipment installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.3	Have there been any recent repairs of major unit processes or treatment equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages, flow changes, or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.5	Has a coagulant been added at all times the plant has been filtering water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.6	Have there been changes in raw water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.7	Was the settled water turbidity increasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.8	Was the finished water turbidity increasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.9	Have filter clogging algae caused more frequent backwashing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.10	Have there been any failures in adding disinfectant for any length of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.11	Was water delivered that did not meet CT requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.12	What is the entry point chlorine residual today? Free/Total?	mg/L				
5.13	Has there been any vandalism or tampering at the plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.14	Any other treatment plant issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Sources – Well(s) (Note the specific facility if any issues are found)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
6.1	Is there a 50 foot annular seal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2	Is the surface seal defective or damaged or not water tight?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

6.3	Is there a casing vent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	Does the casing and/or air relief vent have a screen to prevent the entry of insects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.6	How is the well used? (Circle if applicable)	Primary			
6.7	Are there any unprotected cross connections at the wellhead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.8	Are there any unprotected openings in the pump or pump assembly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.9	Is the pitless adapter damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6.10	Are there any exposed holes or cracks near the wellhead? For example electric conduit.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.11	Has there been any recent work performed on the pump?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.12	Is the wellhead secured to prevent unauthorized access?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.13	Have there been any sewer spills, source water spills or other disturbances near the well?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.14	Is the wellhead at least 18-inches above grade?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.15	Is there evidence of standing water near the wellhead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.16	Is the well pit in standing water or evidence of flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6.17	Any other well issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sources- Spring(s) (Note the specific facility if any issues are found)		Y	N	N/A	
6.18	Is there evidence of flooding or infiltration of surface water runoff around the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.19	Is the spring box improperly developed or poorly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.20	Is the spring site secured (e.g. locks, fence, gate, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.21	Are there dead animals near the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.22	Any other issues about springs not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sources – Surface Water		Y	N	N/A	
6.23	Have there been algae blooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.24	Has the source water turned over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.25	Have there been any sewer spills, source water spills or other disturbances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.26	Any other source water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Sources-purchased water						
6.27	Water quality issues with supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.28	Low disinfectant residual from supplier (typically ≤ 0.2 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.29	Any other purchased water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Applicable to all sources						
6.30	Has an unapproved source been used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.31	Has there been a change in sources?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.32	Has there been recent rapid snowmelt, heavy rainfall or flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.33	Any evidence of animals near the source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.34	Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.35	Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.36	Any other source issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7.	General Operations				Indicate Element number being described.	Indicate Element number being described.
7.1	During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7.2	What were the symptoms of illness if you received complaints about customers being sick?					
7.3	Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8.	Significant Deficiencies				Indicate Element number being described.	Indicate Element number being described.
8.1	Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

1. Attach additional sheets if needed.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Additional Comments:

E. coli contamination was due to cross-connection found on an irrigation line that is also connected to an unapproved irrigation well. .

Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED): Lourdes Mertens

Signature:

Date:

Water system responsible party (PRINTED): Tomas Galindo

Signature:

Date: 7-17-2017

Reserved for Regulatory Agency (DDW / LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Likely reason for EC+ occurrence has been found.	<input type="checkbox"/>	<input type="checkbox"/>	
3. System has corrected the problem.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were all issues identified corrected?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Corrective Action Approved?	<input type="checkbox"/>	<input type="checkbox"/>	

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